

STATEMENT OF

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FORM 1	ORGANIZATION	2016 FEB -8 AM 9: 23 Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	
Salt City PAC		
		
ADDRESS (number and str	,228 S. Washington St., Ste. 115	
☐ ◀ (Check if addre is changed)	Alexandria	VA 22314 -
COMMITTEE'S E-MAIL A	CITY ▲	STATE ▲ ZIP CODE ▲
(Check if addre	W. L. OL L C	
is changed)		
	Optional Second E-Mail Address kdayis@hdafec.com	
COMMITTEE'S WEB PAG	SE ADDRESS (URL)	
(Check if addre		
is changed)		
2. DATE 02	05 2016	
3. FEC IDENTIFICATION	ON NUMBER > C	
4. IS THIS STATEMENT	T NEW (N) OR AMENDED (A	N)
I certify that I have exami	ined this Statement and to the best of my knowledge and beli	ef it is true, correct and complete.
Type or Print Name of Tre	easurer Lisa Lisker	
Signature of Treasurer	Lisa Lisker La RL	Date 02 05 2016
NOTE: Submission of false,	, erroneous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use	For further informati Federal Election Com Toll Free 800-424-953	mission FEC FORIVI

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2	
	-	OMMITTEE		
(a)	П	This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate		
Name Cand		information below.)	<u> </u>	
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Cand				
Part	ty Con	nmittee:	Domo eratio	
(d)			Democratic, epublican, etc.) Party.	
Poli	tical A	action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization		ected organization is a	
		Corporation Corporation w/o Capital Stock	Labor Organization	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee)		regated fund or party	
	In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Join	t Fund	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
	Com	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.			
	3.	FEC ID number C		

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Write or Type Committee Name	3	
Salt City PAC		
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
JOHN M KATKO [1 1 1 1 1 1
Mailing Address	5407 ANVIL DRIVE	
·	CAMILLUS NY 13031 CITY STATE ZI	P CODE
	d Organization Affiliated Committee Joint Fundraising Representative Kaleade	
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
Full Name Lisa Liske Full Name Mailing Address	228 S. Washington St., Ste. 115 Alexandria VA 22314	
Title or Position	CITY STATE ZI	P CODE
Treasurer	Telephone number 703 54	9 - 7705
Treasurer: List the name an any designated agent (e.g., and the second sec	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Lisa Lisker of Treasurer Lisa Lisker		
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 1 22314 CITY STATE ZII	P CODE
Title or Position Treasurer	Telephone number 703 - 54	

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	FEC FOI	m 1 (Revised 02/2009)	rage 4		
	Name of signated	Keith Davis			
	ling Address	228 S. Washington St., Ste. 115	11111		
	J				
		Alexandria VA 22314			
		CITY STATE	ZIP CODE		
	e or Position ssistant Treas		549 - 7705		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
		1909 K St., NW			
Mai	iling Address				
		Washington , DC , 20006			
		Washington DC 20006			
		CITY STATE	ZIP CODE		
Name of Bank, Depository, etc.					
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mai	iling Address				
			-		
		CITY STATE	7ID CODE		
		CHT SIAIE	ZIP CODE		

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(703) 549-7705

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DDEDADED MP	2/8/2016
PREPARER //// (3/2015)	DATE PREPARED